

**DMHMRSAS  
COLLEGE OF DIRECT SUPPORT  
DEMONSTRATION PROGRAM  
FINAL REPORT**



**Prepared by the Department of Mental Health, Mental Retardation and  
Substance Abuse Services, Office of Human Resource Management &  
Development, Workforce Development  
February 2005**

# Executive Summary

The Department of Mental Health, Mental Retardation and Substance Abuse Services, Office of Human Resource Management and Development initiated a strategy to address the workforce development of our direct support employees across the system. The office pursued a well-recognized training program developed by the University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration, the US Department of Health & Human Services, Administration on Developmental Disabilities and the US Department of Labor. The College of Direct Support, an internet-delivered multimedia, competency based training program for Direct Support Professionals, offered an avenue to advance our MR workforce into the 21<sup>st</sup> Century. Validated by a National Advisory Board and a National Board of Editors, the curriculum offered content that would be applicable to individuals with a wide variety of community human service needs such as in-home supports, employment, residential and other generic community service settings.

In identifying this unique and innovative program, our goal was to establish a partnership of system stakeholders to pilot and evaluate the Internet web-based training program for direct support staff within the Commonwealth of Virginia. With sixteen (16) stakeholders participating, it was a consensus of the Team that the quality of the curriculum was excellent. However, scheduling of staff continued to be a challenge for all training of direct care staff due to the hours of services required to the consumer and many direct care staff work multiple jobs. New to highly experienced Learners agreed that it was an excellent curriculum; the convenience of the web-based learning increased their opportunities to improve their skills and knowledge; and that they learned something that they could use in their own work situation. The technology was found to work effectively and was easy to use as long as one had a high-speed connection, such as a DSL.

Although the cost varied across the participating system stakeholders, the consistency and quality of the curriculum remained constant. The flexibility of a 24/7 learning system and the ease of the Learner to complete the courses at their own pace relieved the organization of the structured classroom environment and platform instruction.

The cost of the demonstration project was based on 1856 MR consumers serviced by the various entities, the number of employees was not a factor. For a six-month period, which was extended to seven months, the cost of the license fee and fifteen (15) administrators was \$53,185.00. Based on the 1856 consumers, the cost per consumer equated to \$28.66. If one was trying to determine the cost per employee, the cost of the curriculum was \$168.84 per employee for the 11-courses, consisting of 56 lessons or \$3.02 per lesson. Some participants reported a cost savings of 32% to 34% with an increase of 24 to 28 hours of training for staff. Others reported an increase of costs from 6% for 16 hours of additional training to 14% with an additional 38 hours of training for staff. An average of twenty (20) hours of current training was replaced by the web-based training.

The ability to customize the College of Direct Support courses also allows the content to be applicable to larger target audiences other than those in the developmental disabilities field, such as mental health, aging, brain injury, and physical disability audiences. The following provides more specific information regarding the partnership's testing and evaluation of the program in Virginia.

## **ACKNOWLEDGEMENTS**

**The Department of Mental Health, Mental Retardation and Substance Abuse Services gratefully acknowledges the Virginia Department of Business Assistance, Workforce Services, for their contribution and the system stakeholders for their participation in this Workforce Initiative.**

## **BACKGROUND**

Historically, the MHMRSAS system has had considerable difficulty in recruiting and retaining quality direct care personnel. Some factors, such as, limited and consistent training for these entry-level jobs across the system; obscure to no career paths for individuals entering the system workforce; lack of continuing education which is efficient and compatible with operational staffing requirements; and the lack of creating a professional environment by not valuing the quality core competencies needed to perform and support individuals with developmental disabilities have led the workforce to choose alternative careers.

Because of financial and staffing issues, many states, localities, and private sector entities are transitioning from classroom instruction to distance learning techniques. In addition, this technique creates a common knowledge base and competency level among staff and allows individuals to have training available 24 hours a day, 7 days a week, 365 days a year to fit the work schedules of health care professionals. By harnessing the tools of modern technology, we may be able to hold one of the keys to building a highly competent, stable direct support work force within our MHMRSAS system.

Due to the growing budgetary constraints and staffing problems under which disability service organizations must operate, the Department pursued an avenue of web-based training to be piloted for direct care professionals within the system. Nationally recognized and validated, the curriculum offered via the web by the College of Direct Support provides online education and training on a multi-site and multi-state basis. A cross section of direct care employees in the private providers system, community service boards, and two MR facilities would complete the 11-course curriculum, approximately 56 lessons, with each lesson approximately 30–40 minutes long. The direct care professional could log into the Web site and work through lessons at their convenience, from anywhere at any time. Competency is measured three ways: through pre-and post-test, through on-the-job assessment, and by portfolio assessment. The initial 11 courses included: Introduction to Developmental Disabilities, Safety at Home and in the Community, Maltreatment of Vulnerable Adults and Children; Supporting Healthy lives; Teaching People with Disabilities; Rights and Choices; Community Inclusion; Positive Approaches to Challenging Behavior; Documentation and Record Keeping; Social and Relationship Skills; and Direct Support Professionalism. The program offered educational awards including a certificate and Continuing Education Credits (CEU's), which could be transferred to college credits. The training program could also be of interest to families, educators, and interested citizens who want to learn more about community supports for people with developmental and other types of disabilities. Approximately 150 to 200 system-wide direct care professionals would be anticipated to participate as Learners in the pilot.

In May 2003, The Department of Business Assistance agreed to provide grant monies for incumbent training for private providers to participate in the VA CDS Demonstration Program. As a result of this grant, the Department in July 2003

invited a select group of system stakeholders to a presentation by the College of Direct Support, Mr. Bill Tapp, National Project Director, Knoxville, TN. Following this presentation and subsequent planning meetings, a partnership was formed which included 9 private providers, 5 community service boards, and 2 MR state facilities.

## **PROGRAM DESCRIPTION**

The demonstration program was implemented in Virginia on March 10<sup>th</sup>, 2004 after principals of the sixteen organizations had reviewed the Program Proposal and signed an Agreement to Participate. Cost of the training program for all entities was based on the number of MR consumers serviced. In addition, the following parameters were established and some adjustments made by the partnership as the pilot progressed.

The pilot was designed for current and new hires direct service staff in mental retardation. As a participant, the larger employers (over 100) would be required to designate at least 10% of current staff to complete the training program within the six-month time frame. Employers under 100 employees would have full-time or part-time employees participate; however each must be tracked separately. All new hires should be required to complete the program during the same time period. Each participant was required to provide the following:

- A designated Administrator or Coach, if administrator is being shared.
- IBM-compatible computer usually called a PC. The CDS is not Mac compatible.
- 500 MHz processor, running Microsoft Windows 98 (second edition) or later
- 128 MB RAM.
- 56k modem or high-speed connection. A high-speed connection such as DSL is highly recommended.
- Color monitor capable of 800 x 600 resolution.
- Audio sound card with amplified speakers.
- Printer access.
- Internet access.
- Macromedia Flash Player 6 plug-in.
- Window Eyes screen reader is recommended.
- Staff time to complete the 56 lessons with estimated time of 60 minutes per lesson = 56 hours over 180 days or 2.3 lessons per week.
- Seasoned staff that participate and pass the pre-test would not have to complete the lesson and time involved would be considerably less. However, it takes 15 to 20 minutes to complete the pre-test. Pass rate—90.
- Supervisory or administrator time to evaluate and complete on-the-job performance checklist and portfolio assessment.

- Staff and/or Overtime costs.

Expected outcomes were as follows:

- ✓ Enhanced skills of MR direct service staff, and therefore enhanced care to clients.
- ✓ Feasibility of implementing a system-wide MR training program which is nationally recognized and validated replacing in total or in part the current MR orientation training requirements.
- ✓ Reduced training costs based on program's flexibility in time and place (web-based multi-media, interactive distance learning technique).
- ✓ Verify reporting and record keeping capabilities in order to access trends within the occupation and system on a statewide basis.
- ✓ Enhanced retention rate.
- ✓ Lower turnover rate.
- ✓ Enhanced recognition of MR direct service staff as professionals.
- ✓ Potential for career progression within the profession.

Data Collection Requirements and Measurements:

- ✓ Identify participants and profile (education, experience, length of service, gender, race, age, full-time, part-time, new hire).
- ✓ New Staff Survey and Survey of Current Employees are administered 30/60 days after start-up, which measures job satisfaction and participant's input of CDS training.
- ✓ Number of persons separating within the participant pool and number of persons separating outside of the pool (turnover/vacancy rate—CDS Turnover/Vacancy Survey).
- ✓ Pre-test and Post-test Scores—CDS.
- ✓ Number of lessons completed within the six-month period—CDS.
- ✓ Training costs per participant (employee)--before and after.
- ✓ Training hours before/after per participant (employee).

Network security was maintained by MC Strategies' WebInservice, which is a secure site and Virginia was given it's own security access. MC Strategies provided training for the Administrators that took approximately one to one and a half hours to complete. A Help Desk was available to assist Administrators during the demonstration project.

## **PARTICIPANTS**

### **PRIVATE PROVIDERS:**

Community-Based Services, Inc.

Ms. Jennifer Boyden, Executive Director  
Richmond, VA

NHS Mid-Atlantic, Inc.

Mr. Preston Redding, Regional Director CQI  
Richmond, VA

Lumzy's Residential Services

Ms. Laverne Lumzy, Executive Director  
Richmond, VA

Richmond Residential Services, Inc.

Ms. Lisa Poe, Executive Director  
Richmond, VA

Dan-Poe-Dil, Inc.

Mr. Clarence Dilworth, Program Director  
Petersburg, VA

Association for Retarded Citizens,  
Petersburg Area, Inc.

Ms. Felicia B. Daniels, Executive Director  
Petersburg, Virginia

Virginia Baptist Children's Home & Family  
Services, Inc.

Dr. Stephen Richerson, Executive Director  
Salem, VA

SOC Enterprises

Mr. Charles S. Richman, President  
Arlington, VA

ServiceSource

Mr. Bruce Patterson, Executive Director  
Alexandria, VA

**COMMUNITY SERVICE BOARDS:**

Chesterfield Community Services Board  
Mr. George E. Braunstein, Executive Director  
Chesterfield, VA

Henrico Area MH & R Services  
Mr. Michael D. O'Connor, Executive Director  
Richmond, VA

Rappahannock Area Community Services Board  
Mr. Ronald W. Branscome, Executive Director  
Fredericksburg, VA

Region Ten Community Services Board  
Mr. Philip Campbell, Executive Director  
Charlottesville, VA

Valley Community Services Board  
Mr. William J. Thomas, Executive Director  
Staunton, VA

**DMHMRSAS:**

Northern Virginia Training Center  
Mr. Mark S. Diorio, Ph.D, Facility Director  
Fairfax, VA

Southside Virginia Training Center  
Mr. John A. Holland, MD, Facility Director  
Petersburg, VA



## PROGRAM FINDINGS

A partnership of private providers, community service boards and mental retardation state facilities was formed to complete the program of eleven (11) courses or fifty-six (56) lessons. Over a seven-month period, the partners actively implemented the program with 315 Learners. These Learners spent more than 13,000 hours, completing more than 15,700 lessons, with a completion rate of eighty-five (85) percent. Each lesson on an average required 1.2 hours to complete which included a pre- and post -test with a minimum pass rate of ninety (90) and eighty (80), respectively. The assigned Learners consisted of a diverse employment base of front- line and lead direct support staff, supervisors, managers, administrators, training and human resource professionals within the developmental disabilities field.

The College of Direct Support (CDS) system was found to be user-friendly requiring minimum set-up and implementation use as long as the user had a high-speed connection, such as DSL. Based on an evaluation of the Team Administrators (Partners and Training Administrators), more time was spent with Learners who were less computer literate however it did not present a long-term issue. Allowing staff time to complete the assignments and/or lessons based on operational staffing needs, continued to be a current and future issue of the system.

During the demonstration time frame, evaluations on lesson content (quality) and features of the CDS system by Learners were completed. The Virginia demonstration program completed a total of 735 courses. Findings concluded that ninety-four percent (94%) of all course ratings, Learners agreed that the course they tested was "an excellent course". In addition, ninety-three percent (93%) of the Learners agreed or strongly agreed that they "learned something they can use in their work situation". Ninety-five percent (95%) agreed or strongly agreed that CDS courses were "easy to access and use". Ninety-three percent (93%) agreed or strongly agreed that the technology worked effectively; and, the convenience of web-based learning increased their opportunities to improve their skills and knowledge.

The most defining statements come from two of the Learners:

"By having a web based course you have all employees learning the exact same way, and they have the benefit of going at their own pace".

"If I am going to encourage the individuals I support to move out of their comfort zones, I must be willing to do the same".

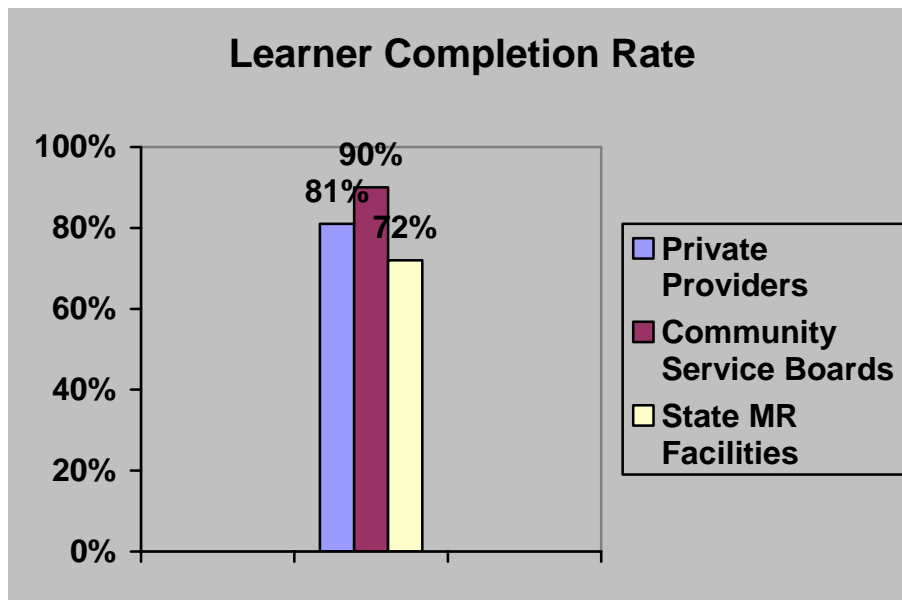
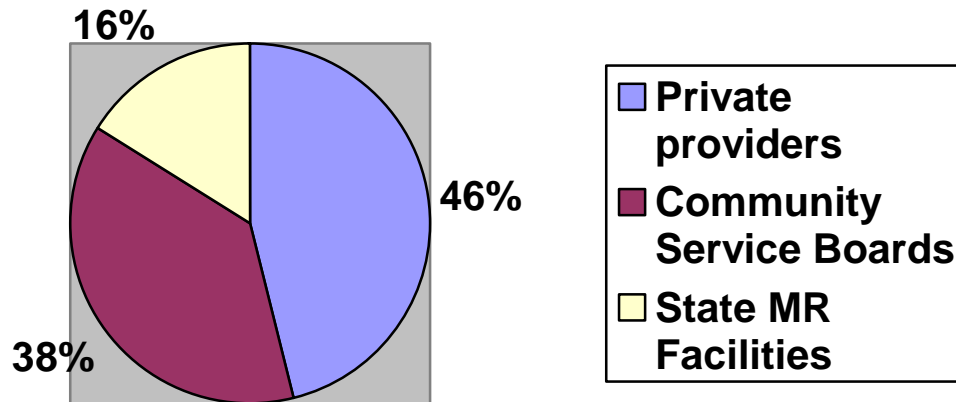
In addition to the evaluation of the content and CDS system, demographics of the direct support Learner population participating in the demonstration program was also evaluated. Seventy percent (70%) were females, white, and with an educational level of High School/Some College and/or Associate Degree. The average age ranged from 38.4 to 39 years of age. Years of service with their current organization ranged from 2.6 to 5.7 years. Turnover and vacancy rates were hard to define based on the short tenure of the demonstration program; however, during the period of 1/1/2003 to 12/31/2003, reported turnover ranged as high as 54% to 21 % for private providers, whereby turnover for other participants averaged out at around 18% to 23%. Average hourly rate for direct support Learners was approximately \$9.90 an hour.

*Before/after* training hours and costs varied across the participants. Cost savings ranged from \$8.00 to \$11.97 an hour with an increase of training hours from 24 to 28 hours. Others reported an increase with a maximum of 92 hours before and 130 hours after (plus 38 hours) with an increased cost of \$354.00 or \$11.00 an hour to an increase of \$60.00 a year for 16 additional hours of training. Replacement hours reported ranged from four (4) to forty (40) hours within the developmental disabilities curriculum currently in place.

The cost of the demonstration project was based on 1856 MR consumers serviced by the various entities, not the number of employees. For a six-month period, which was extended to seven months, the cost of the license fee and fifteen administrators (15) was \$53,185.00. This required \$21,138 from the private providers, \$19,156 from the community service boards and \$12,892 from the MR state facilities. The cost per consumer equated to \$28.66. Based on the demonstration program, the private providers (\$21,138) for 144 Learners/\$147.00 for the 11-course curriculum or \$2.62 for each of the 56 lessons; the community service boards (\$19,156) for 120 Learners/\$156.63 for the 11-course curriculum or \$2.85 for each of the 56 lessons; the state MR facilities (\$12,893.00) for 51 *Leaners*/\$252.80 for the 11-course curriculum or \$4.51 for each of the 56 lessons.

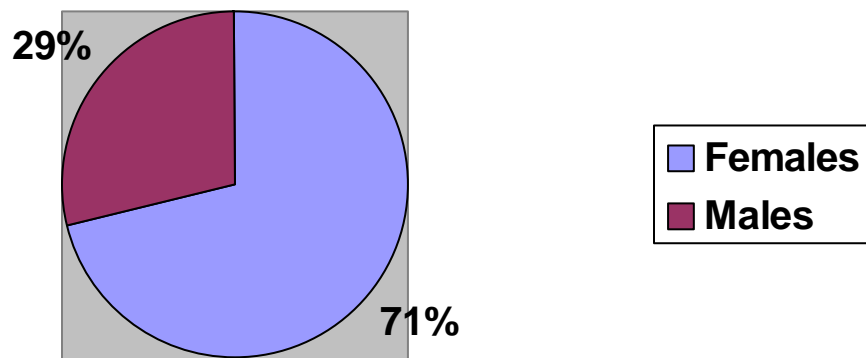
The following outlines the partnership's participation, learner completion rate by organization, and learner demographics compiled upon completion of the demonstration program.

## PARTNERSHIP PARTICIPATION

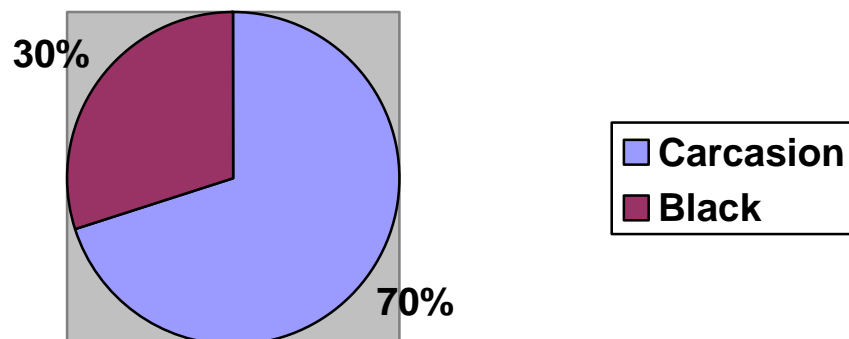


# LEARNER DEMOGRAPHICS

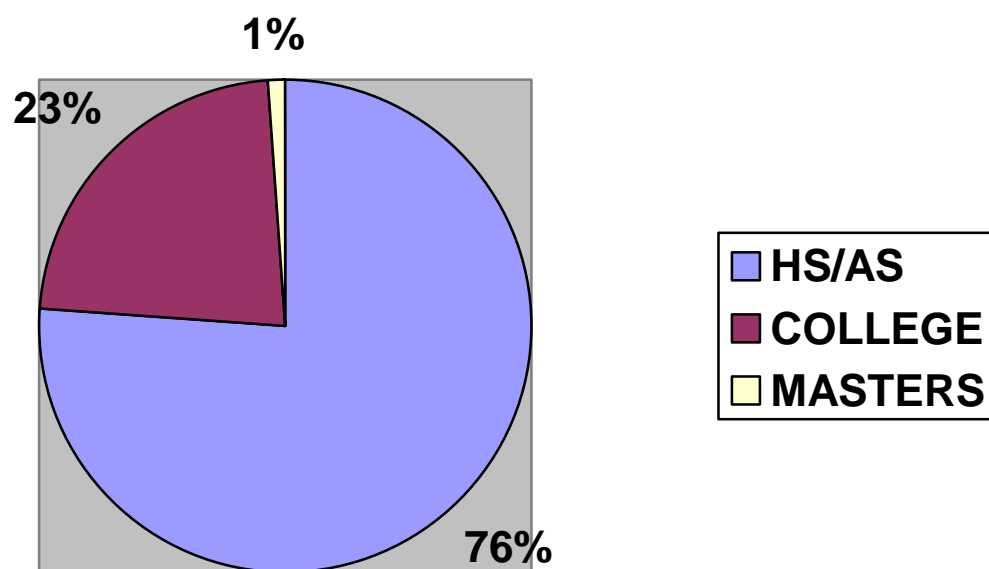
## Gender



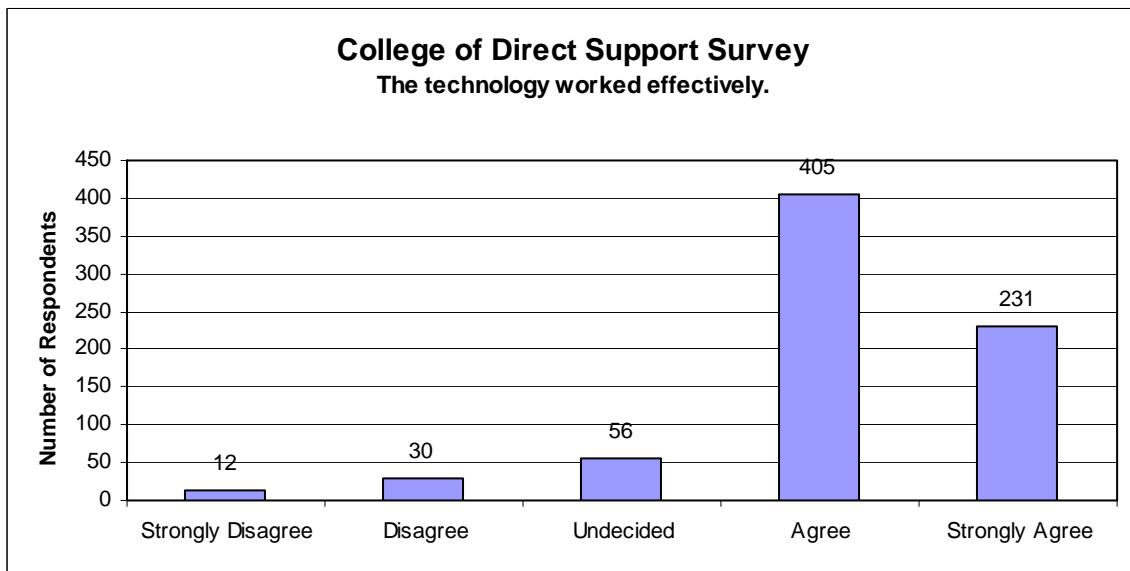
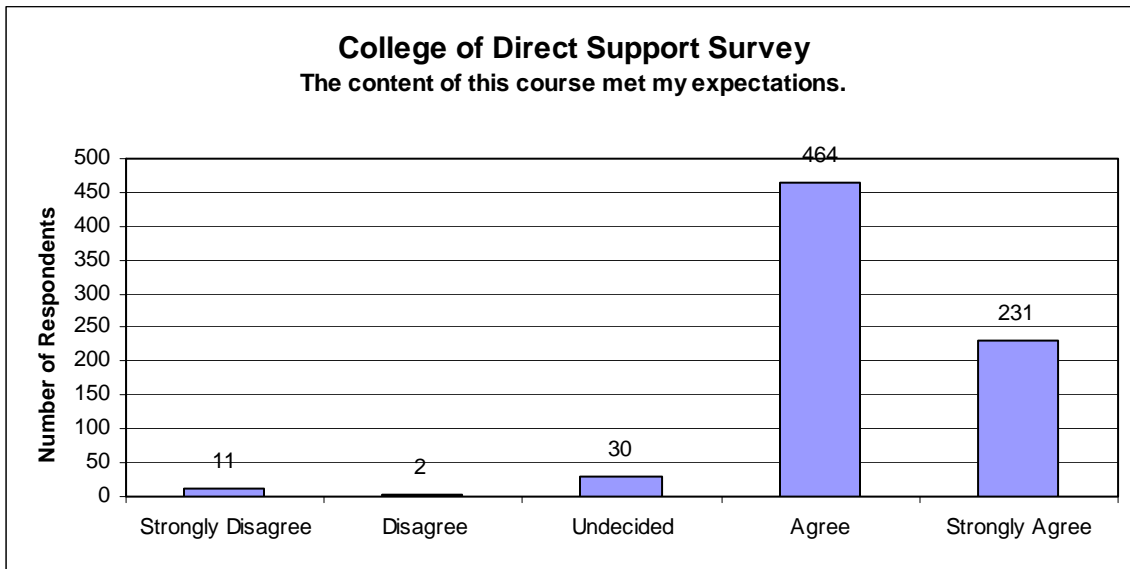
## Race

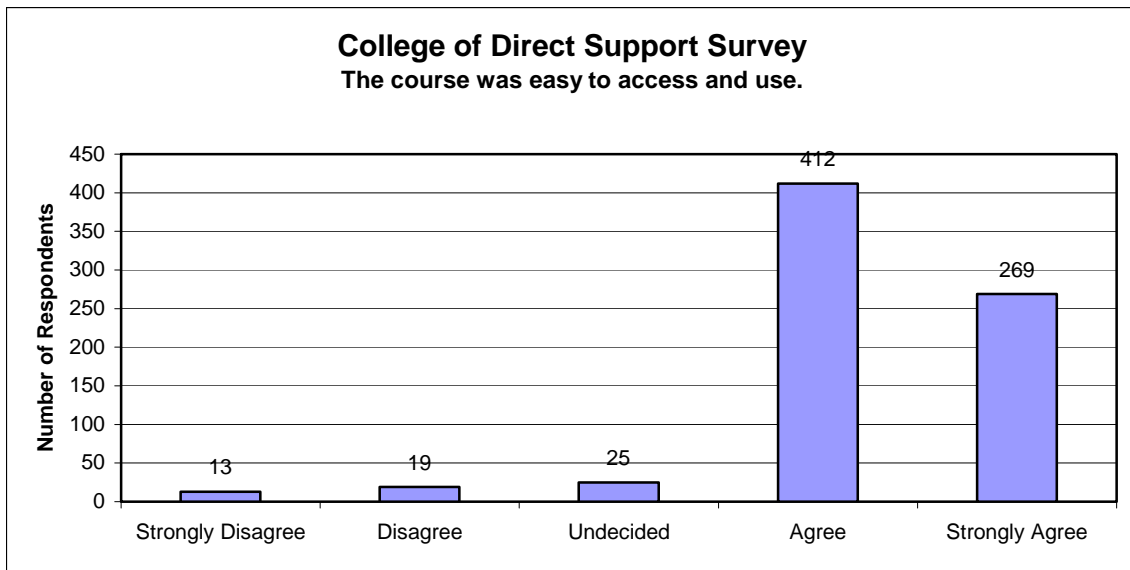
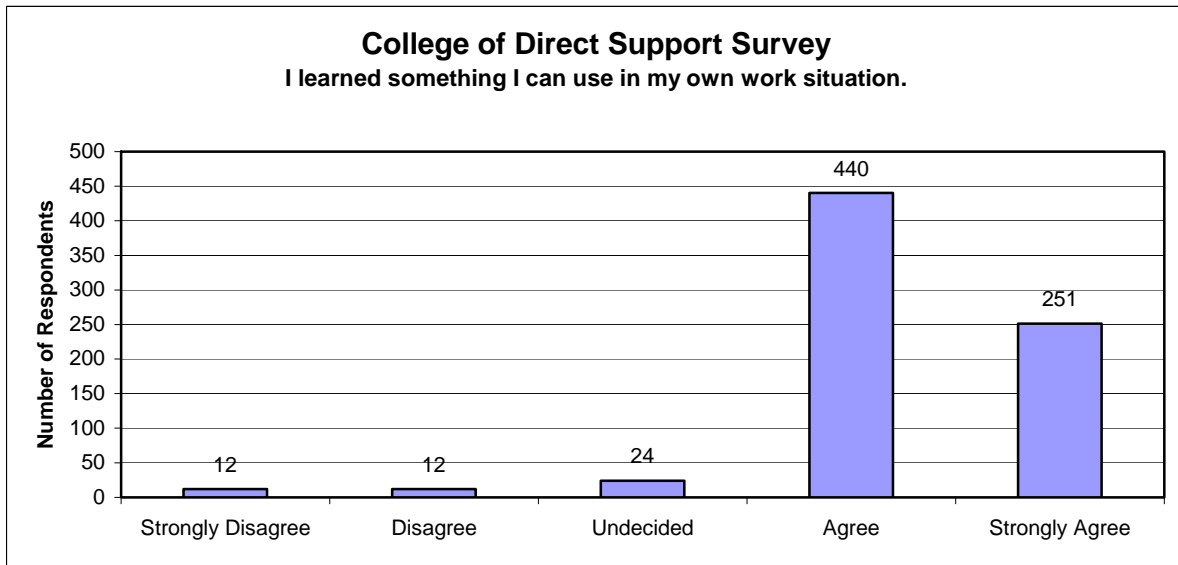


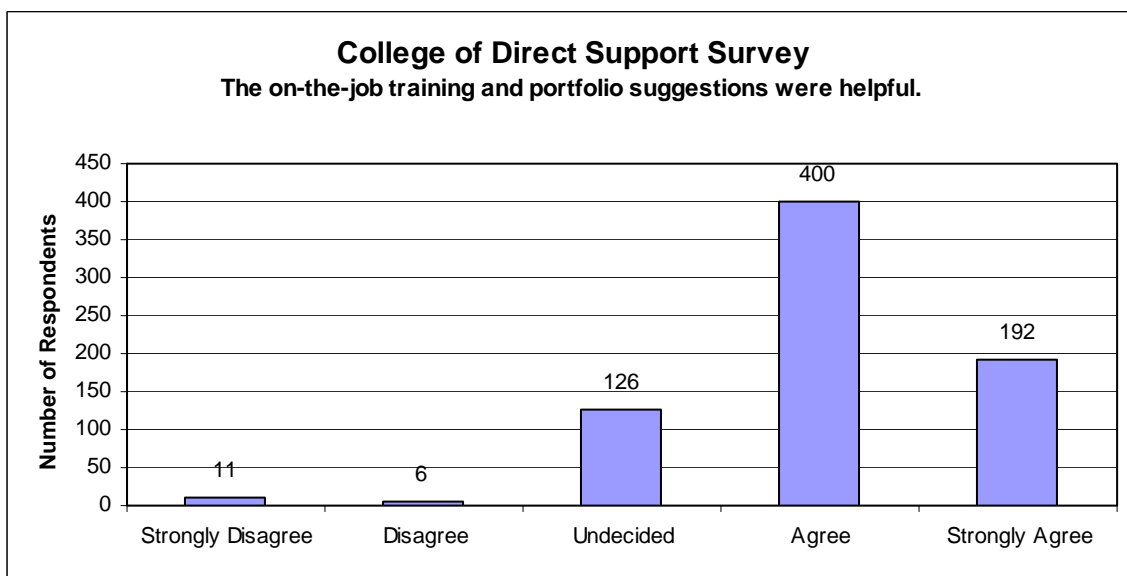
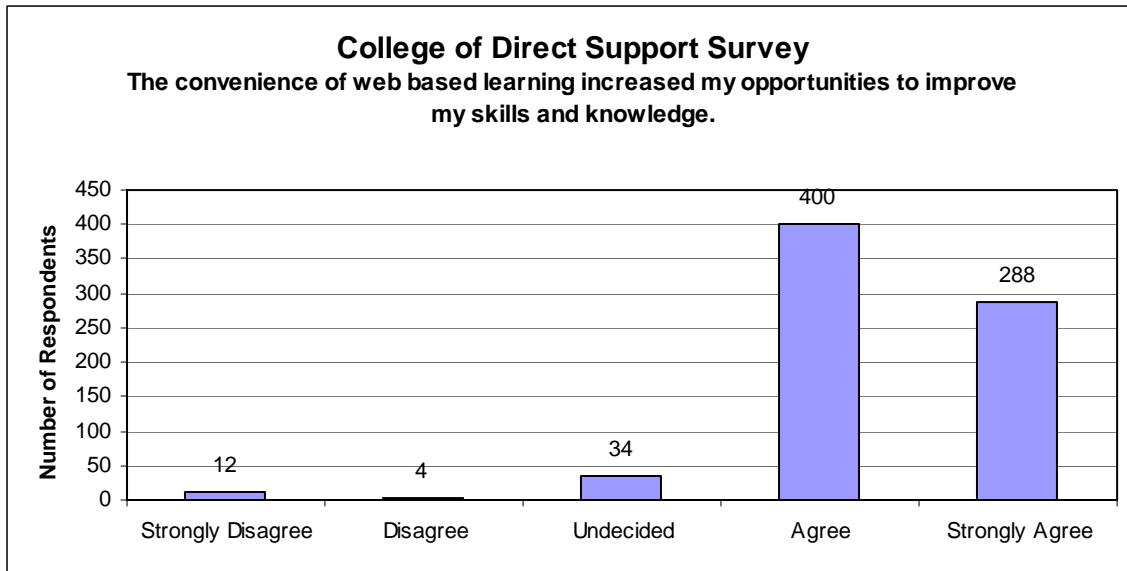
## EDUCATIONAL LEVEL



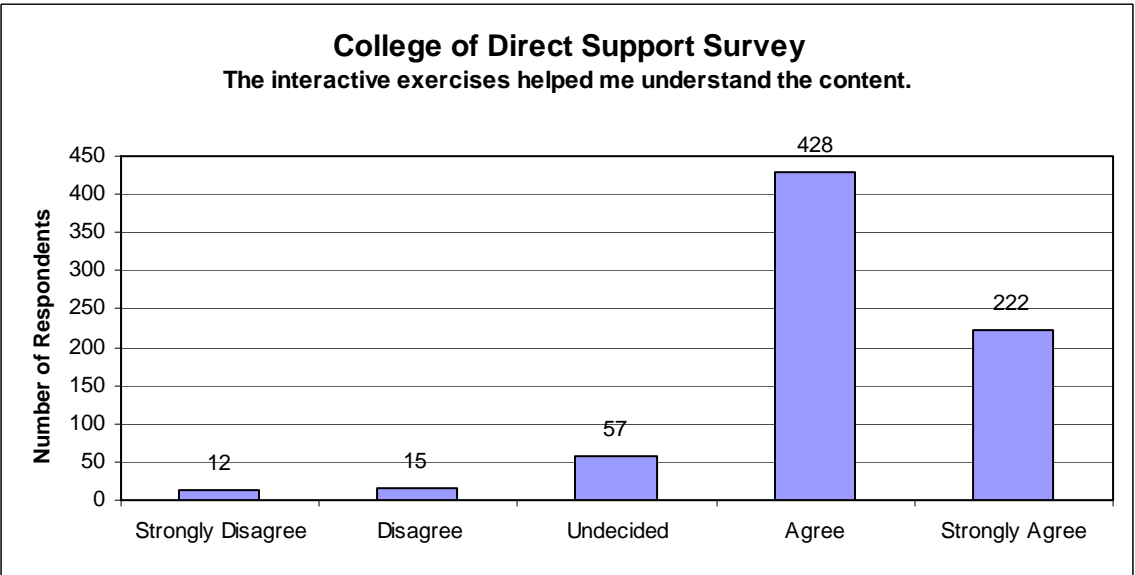
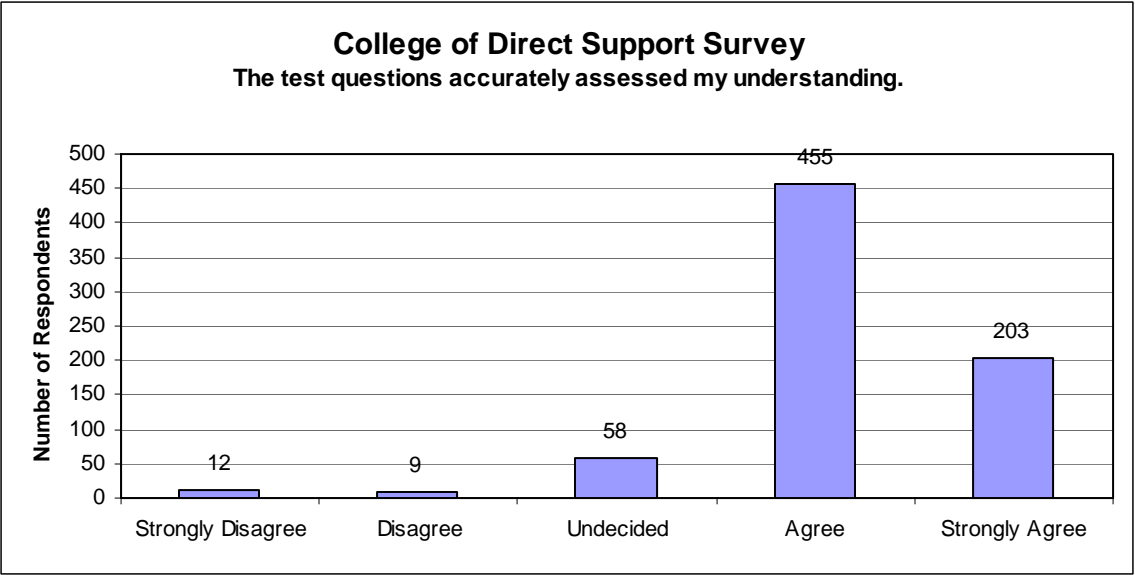
The following is the result of the Learners evaluations of the courses ranging from content to technology to their overall evaluation of the courses.





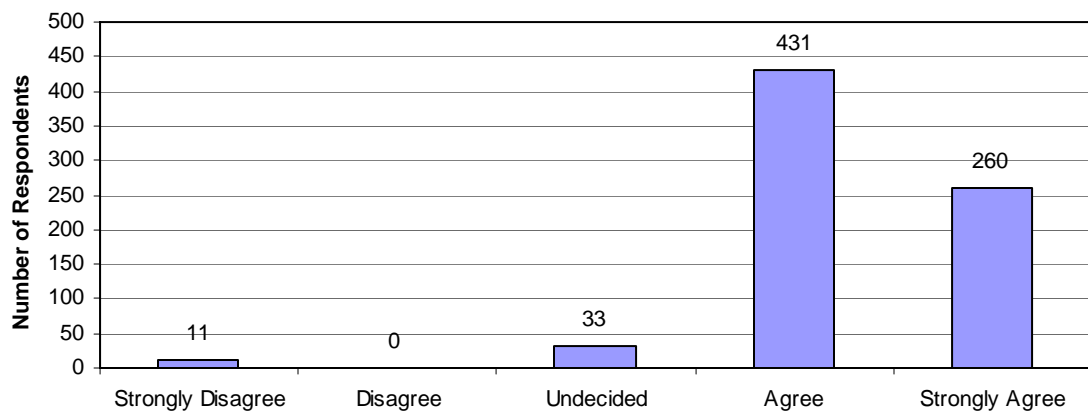






### College of Direct Support Survey

Overall, this is an excellent course.



## CONCLUSION

The College of Direct Support content will provide good consistent basic skills training for direct support staff in any environment. It's flexibility and ability to be accessed 24/7, 365 days a year raises the bar in training direct care staff. It is most cost effective when it is used to replace parts of the current training required and when there is a collaboration of partners seeking to use the system. It also provides for the awarding of certificates, CEU's, and college credit which can serve as the foundation for a personnel development system that provides for multiple levels of professional achievement, competencies, and recognition for direct support staff.

Since the implementation of the Demonstration Program, the DMAS regulations (12 VAC 30-120-241. Residential support services), have been revised to incorporate the use of other training programs, which are approved by the Department versus the current MR Orientation Workbook. The revised regulations state, "All providers of residential support services must pass an objective, standardized test of skills, knowledge, and abilities approved by DMHMRSAS and administered according to DMHMRSAS' defined procedures". Many agreed that the course content was a substantial improvement over the MR Orientation Workbook currently being used by providers for training.

Funding or cost of training continues to challenge our system however the College of Direct Support system and program provides an avenue to avoid the continuing rise of costs associated with traditional training techniques—materials, travel time, shift coverage, trainer fees, etc...

Dedicated annual updates to the curriculum allow implementers of the program availability of current "best practices" and freedom from constant revisions and/or updates. Distance learning techniques will also attract a generation of workers who have virtually grown up with computers and the Internet.

It is with this report that we continue to seek avenues to implement or give our stakeholders throughout the Commonwealth an opportunity to invest in this nationally recognized training program for Direct Support Professionals. For more information or questions regarding this Demonstration Program, please contact India Sue Ridout, DMHMRSAS, Workforce Development Manager, (804) 786-4089 or [www.india.ridout@co.dmhmrzas.virginia.gov](mailto:www.india.ridout@co.dmhmrzas.virginia.gov).